I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, Washington, DC 20231" on Atty Dkt No. YOR920000693US2 R&A No. 5075-0029.20

PATENT

RECEIVED

JUN 0 3 2002

IN THE UNITED STATES PATENT AND TRADEMARK OFFICEECH CENTER 1600/2900

e Application of:

Ratnam SOORIYAKUMARAN et al.

COPY OF PAPERS ORIGINALLY FILED

Serial No.: 10/079,289

Group Art Unit: 1652

Filing Date: February 19, 2002

Examiner: Unassigned

Title: SUBSTANTIALLY TRANSPARENT AQUEOUS BASE SOLUBLE POLYMER

SYSTEM FOR USE IN 157 NM RESIST APPLICATIONS

## PRELIMINARY AMENDMENT TRANSMITTAL LETTER

Commissioner for Patents Washington, DC 20231

Sir:

Security of the second of the application.

		Most Claims		Extra				Additional Fee
		Previously Paid		Claims				
58	•	67	=	0	х	\$18	=	0.00
1	•	4	=	0	х	\$84	=	0.00
C. If amended to contain multiple dependent claims, add \$260 \$280							=	0.00
D. Total Amendment Fee (Total of A, B & C)							=	0.00
E. If small entity, 50% reduction of Total Amendment Fee (50% of D)							=	0.00
F. Total Amendment Fee (D minus E)							=	0.00
	tain n Fee	l - tain multiple Fee (Total	Previously Paid  58 - 67  1 - 4  tain multiple dependent claims, Fee (Total of A, B & C)  reduction of Total Amendment	Previously Paid  58 - 67 =  1 - 4 =  tain multiple dependent claims, add \$20  Fee (Total of A, B & C)  reduction of Total Amendment Fee (	Previously Paid Claims  58 - 67 = 0  1 - 4 = 0  tain multiple dependent claims, add \$260  Fee (Total of A, B & C)  reduction of Total Amendment Fee (50% of D)	Previously Paid Claims  58 - 67 = 0 x  1 - 4 = 0 x  tain multiple dependent claims, add \$260  Fee (Total of A, B & C)  reduction of Total Amendment Fee (50% of D)	Previously Paid Claims  58 - 67 = 0 x \$18  1 - 4 = 0 x \$84  tain multiple dependent claims, add \$260 \$280  Fee (Total of A, B & C)  reduction of Total Amendment Fee (50% of D)	Previously Paid         Claims           58         -         67         =         0         x         \$18         =           1         -         4         =         0         x         \$84         =           tain multiple dependent claims, add \$260         \$280         =           Fee (Total of A, B & C)         =         =           % reduction of Total Amendment Fee (50% of D)         =

The Commissioner is hereby authorized to charge any fees under 37 CFR §§ 1.16, 1.17 and 1.21 which may be required by this paper, or to credit any overpayment, to Deposit Account No. 18-0580. A duplicate copy of this sheet is enclosed.

Respectfully submitted,

By:

Dianne E. Reed

Registration No. 31,292

REED & ASSOCIATES 800 Menlo Avenue, Suite 210 Menlo Park, California 94025 (650) 330-0900 Telephone (650) 330-0980 Facsimile